

# United States District Court

## NORTHERN DISTRICT OF CALIFORNIA

LINDA HOLT

v.

SALARY CONTINUANCE AND LONG TERM  
DISABILITY PLAN; KAISER FOUNDATION  
HEALTH PLAN; KAISER PERMENENTE SALAR

TO: (Name and address of defendant)

Salary Continuance and Long Term Disability Plan  
Kaiser Foundation Health Plan, Inc.  
1 Kaiser Plaza  
Oakland, CA 94612

### SUMMONS IN A CIVIL CASE

CASE NUMBER: 07-4656 my

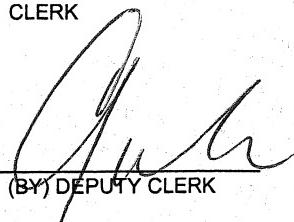
**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Thornton Davidson  
The ERISA Law Group  
2055 San Joaquin Street  
Fresno, CA 93721

an answer to the complaint which is herewith served upon you, within 40 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK



(BY) DEPUTY CLERK

GLORIA ACEVEDO

SEP 19 2007  
DATE \_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)		TELEPHONE NO.	FOR COURT USE ONLY	
ROBERT J. ROSATI ATTORNEY AT LAW ROBERT J. ROSATI - SBN # 112006 2055 SAN JOAQUIN STREET FRESNO, CA 93721-0000 ATTORNEY FOR (NAME) LINDA HOLT		(559) 256-9800		
		REFERENCE NUMBER		
		0G952845-03		
Insert name of court, judicial district or branch court, if any, and post office and street address <b>UNITED STATES DISTRICT COURT,</b>				
SHORT NAME OF CASE <b>LINDA HOLT vs. SALARY CONTINUANCE, ET AL</b>				
PROOF OF SERVICE	HEARING DATE:	TIME:	DEPT/DIV:	CASE NUMBER: 074656MEJ

I am and was on the dates herein mentioned over the age of eighteen years and not a party to this action;

**I served the:**

SEE ATTACHED LIST OF DOCUMENTS;

**Name:** SALARY CONTINUANCE AND LONG TERM DISABILITY PLAN, KAISER FOUNDATION HEALTH PLAN, INC.

**Person Served:** JENELLE FLEWELLEN  
**Title:** PERSON AUTHORIZED TO ACCEPT

**Date of Delivery:** 10/09/07  
**Time of Delivery:** 03:10 pm

**Place of Service:** 1 KAISER PLAZA  
OAKLAND, CA 94612 (Business)

**Manner of Service:** Personal Service - By Personally Delivering Copies.

**In Compliance With:**  Federal Rules of Civil Procedure

California Code of Civil Procedure

**Fee for service:** \$ 27.75

JUDICIAL COUNCIL FORM, RULE #982 (A)(23)

Registered: . . . . . ALAMEDA . . . . . County,

Number: . . . . .



Attorney's Diversified Services  
2421 Mendocino Avenue, #200A  
SANTA ROSA, CA 95403  
(707) 545-5455

I declare under penalty of perjury that the foregoing is true and correct  
and that this declaration was executed

on: October 12, 2007  
at: Oakland, CA 94610, California.

Signature:

Client File # HOLT VS. SALARY CONTINUANCE PAUL HOLLINS

PROOF OF SERVICE

Title: REGISTERED PROCESS SERVER